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# Quick Reference Guide
# HEDIS® MY 2021

For more information, visit **www.ncqa.org**

# HEDIS® MY 2021 Quick Reference Guide

Updated to reflect NCQA HEDIS® MY 2021 Technical Specifications

Meridian strives to provide quality healthcare to our patientship as measured through HEDIS® quality metrics. We created the HEDIS® MY 2021 Quick Reference Guide to help you increase your practice's HEDIS® rates and to use to address care opportunities for your patients. Please always follow the state and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

## What is HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS® measures through a committee represented by purchasers, consumers, health plans, health care providers, and policy makers.

## What Are the Scores Used For?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS® rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS® rates to evaluate health insurance companies' efforts to improve preventive health outreach for patients.

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Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS® score determines your rates for physician incentive programs that pay you an increased premium — for example Pay For Performance or Quality Bonus Funds.

## How Are Rates Calculated?

HEDIS® rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

## How Can I Improve My HEDIS® Scores?

- Submit claim/encounter data for each and every service rendered
- Make sure that chart documentation reflects all services billed
- Bill (or report by encounter submission) for all delivered services, regardless of contract status
- Ensure that all claim/encounter data is submitted in an accurate and timely manner
- Consider including CPT II codes to provide additional details and reduce medical record requests

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This guide has been updated with information from the release of the HEDIS® MY 2021 Volume 2 Technical Specifications by NCQA and is subject to change. It will be updated to reflect the HEDIS® MY2022 in Q3 of 2022.

For more information, visit **www.ncqa.org**

# Contents

# Partnering with Meridian

## Introduction

This guide contains information about the quality measures for the following Meridian lines of business:

- **Meridian Medicaid Plan (Medicaid)**
  The Meridian Medicaid Plan in Illinois provides government-sponsored managed care services to families, children, seniors and individuals with complex medical needs through Medicaid across the state.

- **Meridian Medicare-Medicaid Plan**
  The Meridian Medicare-Medicaid Plan is a Medicare-Medicaid Alignment Initiative (MMAI) for beneficiaries eligible for both Medicaid and Medicare in Illinois.

## Partnership for Quality

Partnership for Quality (P4Q) measures are on the provider portal. Visit our Provider Portal to view the recent P4Q measures available to our Meridian provider partners.

P4Q measures included in this booklet apply to non-risk contractual providers only.

For more information, visit **www.ncqa.org**

## Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Every year, a random sample of Meridian patients are surveyed about their experience with their providers, services, and health plan. It is an important component of ensuring that patients are satisfied, not only with their health outcomes but also with their healthcare experience.

CAHPS® surveys allow patients to evaluate the aspects of care delivery that matter the most to them. At Meridian we are committed to partnering with our providers to deliver an outstanding patient experience.

As a provider, you are the most critical component of that experience. We want to ensure that you know exactly how your patients are evaluating your care. Please take a moment to review and to familiarize yourself with some of the key topics included in the survey.

| CAHPS® Measure | Description | Daily Practice Tips |
|---|---|---|
| Getting Needed Care | This measure assesses the ease with which patients received the care, tests, or treatment they needed. It also assesses how often they were able to get a specialist appointment scheduled when needed. | • Office staff should help coordinate specialty appointments for urgent cases<br>• Encourage patients and caregivers to view results on the patient portal when available<br>• Inform patients of what to do if care is needed after hours<br>• Offer appointments or refills via text and/or email |

| CAHPS® Measure | Description | Daily Practice Tips |
|---|---|---|
| Getting Care Quickly | This measure assesses how often patients got the care they needed as soon as they needed it and how often appointment wait times exceeded 15 minutes. | • Ensure a few appointments each day are available to accommodate urgent visits<br>• Offer appointments with a nurse practitioner or physician assistant for short notice appointments<br>• Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provided alternate care via phone and urgent care<br>• Keep patients informed if there is a longer wait time than expected and give them an option to reschedule |
| Care Coordination | This measure assesses providers' assistance with managing the disparate and confusing health care system, including access to medical records, timely follow-up on test results, and education on prescription medications. | • Ensure there are open appointments for patients recently discharged from a facility<br>• Integrate PCP and specialty practices through EMR or fax to get reports promptly<br>• Ask patients if they have seen any other providers; discuss visits to specialty care as needed<br>• Encourage patients to bring in their medications to each visit |

| CAHPS® Measure | Description | Daily Practice Tips |
|---|---|---|
| How Well Doctors Communicate | This measure assesses patients' perception of the quality of communication with their doctor. Consider using the Teach-Back Method to ensure patients understand their health information. | What is Teach-back?<br>• A way to ensure you – the healthcare provider – have explained information clearly. It is not a test or quiz of patients<br>• Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way<br>• A way to check for understanding and, if needed, re-explain and check again<br>• A research-based health literacy intervention that improves patient-provider communication and patient health outcomes |
| Rating of Health Care Quality | The CAHPS® survey asks patients to rate the overall quality of their health care on a 0-10 scale. | • Encourage patients to make their routine appointments for checkups or follow up visits as soon as they can – weeks or even months in advance<br>• Ensure that open care gaps are addressed during each patient visit<br>• Make use of the provider portal when requesting prior authorizations |

On the following page are examples of **satisfaction categories and survey questions** for which your patients are asked to respond; provider discussion questions; and Provider Tips. We hope this tool will provide reinforcement opportunities for your relationship with the patients you serve.

| Sample HEDIS® Questions | Provider Tips |
|---|---|
| **Health Promotion Discussion Questions** | |
| Any problems with your work or daily activities due to physical problems? | • Complete and document any health assessment on patient |
| Any problems with your work or daily activities due to stress? | • Discuss with patient the benefits of exercise and encourage them to start, increase or maintain physical activity and document discussion |
| Anything bothering you or stressful? | |
| Are you sad or depressed? | |
| Do you use tobacco? (Always/Sometimes/Never) | • Discuss the risks of tobacco use and recommend medication to assist in stopping |
| Do you drink alcohol? (Always/Sometimes/Never) | • Discuss issues associated with drinking too much alcohol, if necessary |
| Do you exercise? (Always/Sometimes/Never) | |
| Do you take aspirin? (Always/Sometimes/Never) | • Discuss the risks and benefits of aspirin to prevent heart attack or stroke |
| Do you or anyone in your family have high blood pressure, high cholesterol or had a heart attack? | • Screen patient for high blood pressure and cholesterol |
| Have you had a flu shot in the past calendar year? If not, Why? | • Recommend and/or administer the flu shot during flu season |
| **Medication Discussion Questions** | |
| Are you currently on any prescription medications from another doctor? If so, what? | • Document all prescription medication patient is taking |
| How long have you been on the medication? | • Discuss options and reasons to take alternate medications if patient is not getting positive results for symptoms |
| Review medications prescribed by PCP and verify results. | • Discuss reasons with patient why they may need to stop taking a particular medication<br>• Discuss the benefits and risks of taking a medicine<br>• Discuss patient's preference on what medication they feel would be best for them |

| Sample HEDIS® Questions | Provider Tips |
|---|---|
| Access to Care Discussion Questions | |
| Are you satisfied with the timeframe it took to schedule your appointment? | • Evaluate office procedures to improve getting patients scheduled as quickly as possible for their symptoms |
| Were you able to get your appointment as soon as you needed? | • Determine why patient perceives difficulty in getting timely care, if necessary |
| Are you satisfied with the coordination of care you receive, coordinating visits with specialists, non-emergency transportation (if needed) and providing lab or test results? | • Educate patient on timeframes for getting appointments according to their symptoms<br>• Assist in coordination of non-emergency transportation, if necessary |

## Critical Incidents (CI)

A critical incident (CI) is any alleged or actual event that poses a risk of serious harm, injury or death of the member.

Critical incidents include, but are not limited to:

- Abuse*
- Exploitation
- Fraudulent activity
- Hazardous condition
- Missing person
- Neglect
- Serious behavioral health incident
- Serious medical incident
- Suicidal thoughts
- Threat

** Types of abuse can include sexual, verbal, emotional, and physical*

For further information on definitions, review the Healthcare and Family Services (HFS) Critical Incident Guide for Medicaid Managed Care Plans at www.ilmeridian.com.

Reporting Critical Incidents

1. Identify the appropriate CI type
2. Complete a Critical Incident Reporting Form if incident occurred within the past year
   - Submit within 48 hours of discovering the incident
3. Email Critical Incident Reporting Form to critical.incidents@mhplan.com

The Critical Incident Reporting Form can be found here: https://www.ilmeridian.com/providers/resources/forms-resources.html.

## Cultural Competence

Cultural Competence is a set of attitudes, behaviors, and policies that enable people to work effectively in cross-cultural situations. We serve a diverse patient population. The ability to understand and relate to different cultures can help you communicate effectively with your patients. All Meridian network providers are contractually required to complete the on-line Cultural Competence training module annually.

### Tips for Providing Culturally Competent Care

**Consider population-specific conditions:** Low-income/ low-literacy, race, disability, spirituality, age, sexuality, and gender identity.

**Ask about cultural practices:** Spiritual traditions, dietary restrictions, and more may impact a patient's clinical experience.

**Practice transcultural techniques:** Approach a new patient slowly, be respectful, sit in a quiet setting, and sit a comfortable distance away.

**Ensure patient's understanding of care:** Lack of accessible medication instructions in a patient's language can impact quality of care. Ensure a patient's comprehension by utilizing translated handouts and/or make use of a translator.

### Things to Remember

- 1 in 4 Americans live with a disability and are twice as likely to find his or her provider's skills or facilities inadequate.
- 1 in 5 Americans speak a language other than English at home. Language barriers can prevent patients from effectively conveying their ailments and understanding their care plans.
- 3.6 million Americans miss or delay medical care because they lack reliable transportation.
- Invest in Americans with Disabilities Act (ADA)-approved renovations and train staff on disabilities, challenges, and rights.
- Speak slowly, summarize, demonstrate, and use appropriate terminology when providing instructions. Ensure that patients understand the instructions at the end of the visit. Use PALS, Meridian's interpreter service, to better serve Meridian patients. To reach PALS, please call 313-351-9388 and provide the customer code 7119.
- Call Meridian transportation at 866-796-1165 at least three business days prior to a patient's appointment.

*Sources: CDC.gov, census.gov, ncbi.nlm.nih.gov*

## Quality Provider Webinar (QPW)

To support our providers in their quality improvement efforts, Meridian's Quality Improvement team hosts a monthly one hour webinar on topics related to improving patients' quality of care including a monthly presentation that spotlights a clinical area of focus.

We hope these sessions will assist provider teams to improve HEDIS® scores and drive better incentive payments to your practice.

All office staff can attend including providers, administrative staff, and quality teams. Participants can watch the webinars remotely using the Zoom call-in number sent each month via email. If you are interested in attending a session or receiving a copy of a webinar presentation or 2022 webinar schedule, email illinoisdataabstractionteam@mhplan.com.

The webinars take place on the third Thursday of every month. Webinars are currently scheduled as live sessions from 12:00 p.m. CT to 1:00 p.m. CT.

Sample webinar topics include:

- HEDIS® Pay for Quality (P4Q) Program, HEDIS® Exclusions and Medical Record Retrieval Methods
- Adult and Behavioral Health HEDIS® Measures
- Children's HEDIS® Measures
- Patient Satisfaction, Health Outcomes Survey and Patient-Centered Medical Homes

## Access & Availability

Annually, Meridian assesses the appointment availability and after-hours access of its contracted provider offices to ensure patients are served based on their level of need.

Each year, our Quality Improvement team conducts a telephone audit using the standards below set forth by NCQA, CMS and/or State regulations. These audits are conducted in an effort to monitor provider compliance with Illinois Medicaid contract requirements. The process of conducting the annual audits is outlined below.

**IDENTIFY** Meridian audits a sample of its contracted PCPs, behavioral health practitioners and specialists.

**OUTREACH** Conducted by the Quality Improvement team via phone, three attempts are made to reach a live person.

**ANALYZE** Analysis is performed based on all data collected.

**REPORT** Letters are mailed to offices indicating the results of the audit. Any offices who did not meet the standards are placed on a corrective action plan and are asked to identify ways to improve their appointment availability.

Appointment Availability Standards

| Appointment Types | Population | Standard |
|---|---|---|
| Medicaid | | |
| Preventive/Routine Care | Child < 6 Months | 2 weeks |
| Preventive/Routine Care | Child > 6 Months | 5 weeks |
| Preventive/Routine Care | Adult | 5 weeks |
| Urgent/Non-Emergent (Medically Necessary Care) | Adult or Child | 1 business day (24 hours) |
| Non-Urgent/Non-Emergent Conditions | Adult or Child | 3 weeks |
| Initial Prenatal w/o Problems (First Trimester) | Female Enrollees | 2 weeks |
| Prenatal (Second Trimester) | Female Enrollees | 1 week |
| Prenatal (Third Trimester) | Female Enrollees | 3 days |
| Office Wait Time | ---- | Less than 30 minutes |
| Hours Different for Medicaid Recipients | ---- | No; must be same |
| Medicare | | |
| Preventive/Routine Care | Adult | 5 weeks |
| Urgent/Non-Emergent Conditions | Adult | 3 weeks |

Appointment Availability Standards (continued)

| Appointment Types | Population | Standard |
|---|---|---|
| Urgent/Non-Emergent (Medically Necessary Care) | Adult | 24 hours |
| Emergency | Adult | Immediate |
| Initial Prenatal w/o Problems (First Trimester) | Female Enrollees | 2 weeks |
| Prenatal (Second Trimester) | Female Enrollees | 1 week |
| Prenatal (Third Trimester) | Female Enrollees | 3 days |
| Office Wait Time | ---- | Less than 30 minutes |

*Medical coverage 24 hours a day, 7 days a week*

Behavioral Health Appointment Availability Standards

| Appointment Types | Standard |
|---|---|
| Preventive/Routine Care | Immediately, or referred to the Emergency Room |
| Life Threatening Emergency | Within 6 hours |
| Non-Life Threatening Emergency | Within 48 hours |
| Urgent Visit | Within 10 business days |
| Initial Routine Oce Visit | Within 14 business days |
| Follow-up Routine Oce Visit | < 30 minutes |
| Office Wait Time | ≤ 6 per hour |
| Scheduled Appointments per Hour, per Practitioner | No; must be the same |
| Different Hours for Medicaid | No; must be the same |

*Medical coverage 24 hours a day, 7 days a week*

Specialist Appointment Availability Standards

| Appointment Types | Standard | Population |
|---|---|---|
| Medicaid | | |
| Routine Office Visit | Adult | Medicaid: Within 30-45 days<br>MMAI: Within 5 weeks |
| Routine Office Visit | Child | Medicaid: Within 21 calendar days |
| Urgent Visit | All | Medicaid: Within 48-72 hours<br>MMAI: Within 1 business day |
| Office Wait Time | All | < 30 minutes |
| Scheduled Appointments per Hour, per Practitioner | All | ≤ 6 per hour |
| Hours Different for Medicaid and Medicare Recipients | All | No; must be the same |

*Medical coverage 24 hours a day, 7 days a week*

### After-hours standards

All specialist contracts require practitioners to ensure coverage for their respective practices 24 hours a day, seven days a week.

**Acceptable after-hours access mechanisms include:**

- Answering service
- On-call pager/cellular
- Call forwarded to practitioner's home or other location
- Published after-hours telephone number and recorded voice message directing patients to a practitioner for urgent and non-life threatening conditions. The message should not instruct patients to obtain treatment at the Emergency Room for non-life-threatening emergencies.

### Message Components

☐ Message MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room or Urgent Care.

**Message Must Contain ONE of the Following:**

☐ Message forwards to on-call practitioner

☐ Message forwards to an answering service

☐ Message gives the on-call practitioner's number

☐ Message gives the on-call practitioner's pager

☐ Message refers patient to another office, practitioner, or on-call service

Message may not only direct patient to Emergency Room. The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor or be forwarded to an on-call doctor.

# Patient-Centered Medical Home (PCMH)

## Applicable only to the Medicare-Medicaid Plan

Meridian appreciates the commitment required for PCMH recognition. PCMHs can provide a patient with access to a personal clinician and care team that offers individualized, high quality comprehensive primary care and coordinates specialty and other needed services. The National Committee for Quality Assurance's (NCQA) PCMH recognition program is the most widely adopted PCMH evaluation program in the country.

### Practice Benefits

- Helps practice sites understand their current level of patient-centered care and identify opportunities for improvement.
- PCMH recognition is a hallmark of high-quality care. Meridian offers incentives for recognized practices and for practices seeking to become recognized.*
- The PCMH model is associated with better staff satisfaction.
- NCQA publishes recognized practices and clinicians in its online directory.

### Patient Benefits

- The PCMH model helps to better manage and improve patients' chronic conditions.
- PCMHs emphasize health information technology (HIT) and after-hours access to improve overall access to care. Care is provided when and where the patients need it the most.
- The PCMH model focuses on team-based care and communication with patients and their families/caregivers.

Contact your Provider Relations Specialist at 1-855-580-1689 to learn more about earning recognition as a PCMH and the Meridian PCMH Incentive Program.

** Incentive program is for the Meridian Medicare-Medicaid Plan line of business only*

# Caring for Individuals with Intellectual and Developmental Disabilities (IDD)

As a provider, it is important to be aware of the following health disparities individuals with intellectual and developmental disabilities may face:

- Fewer preventive screenings than the general population
- Financial and transportation limitations
- Lack of access to specialized training or experience with caring for individuals in these populations

## Complete an Annual Functional Status Assessment:

This assessment measures the patient's ability to perform daily tasks and helps to identify any functional decline. For Meridian patients, please indicate one of the following in the medical record:

- Notation and date that Activities of Daily Living (ADL) were assessed - Bathing, dressing, eating, transferring, using toilet, walking
- Notation and date that Instrumental Activities of Daily Living (IADL) were assessed - Shopping, driving or using public transportation, meal preparation, housework, taking medications, using the telephone
- Result of a standardized functional status assessment and the date it was performed - Assessment of Living Skills and Resources (ALSAR), Barthel ADL Index Physical Self-Maintenance (ADLS) Scale, Bayer Activities of Daily Living (B-ADL) Scale, Extended Activities of Daily Living (EADL) Scale

Medicare-Medicaid Plan Codes

| Description | CPT Category* | CPT II Category* | HCPCS* |
|---|---|---|---|
| Functional Status Assessment | 9483 | 1170F | G0438, G0439 |

**Codes subject to change*

## Resources for Patients and Providers:

Illinois Department of Healthcare and Family Services (HFS): www.illinois.gov/hfs/MedicalClients/HCBS/Pages/support_cyadd.aspx

Illinois Department of Human Services (IDHS): 217-782-3075

For a copy of current clinical practice guidelines, visit our website at www.ilmeridian.com and https://mmp.ilmeridian.com/.

Provider Resources: https://www.ilmeridian.com/providers/resources.html

## Disease Management (DM)

Meridian has a Disease Management Program to ensure effective management of chronic conditions. Patients are automatically enrolled based on diagnoses received from claims.

Our Disease Management Program:

- Sends disease-specific educational patient mailings focusing on preventive steps patients can take toward avoiding complications
- Educates patients on appointment adherence, self-management of conditions, medication compliance and more to help patients live heathy lifestyles
- Promotes collaboration among providers, support service providers, and the health plan to create better plans of care

What does this mean for you?

As a provider, you educate patients on the best ways to manage and improve their health. Providers can help their Meridian patients by:

- Working with them to receive important tests, such as routine diabetic tests
- Encouraging them to get their yearly flu vaccine
- Referring patients to benefits that Meridian offers to help manage their conditions

Benefits available to Meridian patients:

- Clinical support
- New Beginnings: Meridian's Smoking Cessation Program
- Weight Watchers: two sessions of 12 weekly meetings
- Health reminders for routine tests
- Nutritional counseling
- Diabetes education classes

For a copy of current clinical practice guidelines, visit our website at www.ilmeridian.com.

# Adult Health

## Adults' Access to Preventive/Ambulatory Health Services (AAP)

The AAP measure evaluates the percentage of patients 20 years and older who had an ambulatory or preventive care visit. Services that count include outpatient evaluation and management (E&M) visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.

AAP Measure Codes

| CPT* | HCPCS* | ICD-10* |
|---|---|---|
| 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 98966-98968, 99441-99443, 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99483 | G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, T1015, S0620, S0621 | Z00.00, Z00.01, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2 |

**Codes subject to change*

## Antidepressant Medication Management (AMM)

The AMM measure evaluates the percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment.

Two rates are reported:

**Effective Acute Phase Treatment:** percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)

**Effective Continuation Phase Treatment:** percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)

Antidepressant Medications

| Description | Prescription | |
|---|---|---|
| Miscellaneous antidepressants | • Bupropion<br>• Vortioxetine | • Vilazodone |
| Monoamine oxidase inhibitors | • Isocarboxazid<br>• Phenelzine | • Selegiline<br>• Tranylcypromine |
| Phenylpiperazine antidepressants | • Nefazodone | • Trazodone |
| Psychotherapeutic combinations | • Amitriptyline-chlordiazepoxide<br>• Fluoxetine-olanzapine<br>• Amitriptyline-perphenazine | |
| SNRI antidepressants | • Desvenlafaxine<br>• Venlafaxine | • Duloxetine<br>• Levomilnacipran |
| SSRI antidepressants | • Citalopram<br>• Fluoxetine<br>• Paroxetine | • Escitalopram<br>• Fluvoxamine<br>• Sertraline |
| Tetracyclic antidepressants | • Maprotiline | • Mirtazapine |
| Tricyclic antidepressants | • Amitriptyline<br>• Clomipramine<br>• Doxepin (>6 mg)<br>• Nortriptyline<br>• Trimipramine | • Amoxapine<br>• Desipramine<br>• Imipramine<br>• Protriptyline |

## Controlling High Blood Pressure (CBP)

The CBP measure evaluates the percentage of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg).

**Please indicate in the medical record:**

Evidence of hypertension diagnosis, if any

- Be sure to review hypertensive medication history and patient compliance
- Only use the above diagnosis code if the patient has hypertension

All recorded blood pressure measurements

- Consider taking two readings at each office visit. Sometimes a second blood pressure reading is lower
- Do not round blood pressure; always use exact numbers

CBP Measure Codes

| Description | Codes* |
|---|---|
| Hypertension | **ICD-10**: I10 |
| Systolic Greater Than/Equal to 140 | **CPT-CAT-II**: 3077F |
| Systolic Less Than 140 | **CPT-CAT-II**: 3074F, 3075F |
| Diastolic Greater Than/Equal to 90 | **CPT-CAT-II**: 3080F |
| Diastolic 80-89 | **CPT-CAT-II**: 3079F |
| Diastolic Less Than 80 | **CPT-CAT-II**: 3078F |
| Remote Blood Pressure Monitoring Codes | **CPT**: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474. |
| Outpatient Visits | **CPT**: 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483<br>**HCPCS**: G0402, G0438, G0439, G0463, T1015 |
| Non-Acute Inpatient Codes | **CPT**: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337 |
| Online Assessments | **CPT**: 98969-98972, 99421-99423, 99444, 99457<br>**HCPCS**: G0071, G2010, G2012, G2061, G2062, G2063 |
| Telephone Visits | **CPT**: 98966-98968, 99441-99443 |
| Palliative Care | **HCPCS**: G9054, M1017<br>**ICD-10**: Z51.5 |

**Codes subject to change*

## Comprehensive Diabetes Care (CDC)

The CDC measure evaluates percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HgA1c poor control (>9.0%)
- HgbA1c control (<8.0%) (Medicare only)
- BP control (<140/90 mm Hg)
- Eye exam (retinal) performed
- Medical attention for nephropathy

CDC Measure Codes

| Description | Codes* |
|---|---|
| Palliative Care | **HCPCS:** G9054, M1017<br>ICD-10: Z51.5 |
| Outpatient Codes | **CPT:** 99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345<br>**HCPCS:** G0402, G0438, G0439, G0463, G9054, M1017, ICD-10: Z51.5, T1015 |
| Non-Acute Inpatient | **CPT:** 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337 |
| Remote BP Monitoring | **CPT:** 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474 |
| Diastolic 80-89 | **CPT-CAT-II:** 3079F |
| Diastolic Greater Than/Equal To 90 | **CPT-CAT-II:** 3080F |
| Diastolic Less Than 80 | **CPT-CAT-II:** 3078F |
| Systolic Greater Than/Equal To 140 | **CPT-CAT-II:** 3077F |
| Systolic Less Than 140 | **CPT-CAT-II:** 3074F, 3075F |
| Unilateral Eye Enucleation With a Bilateral Modifier | **CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114<br>CPT Modifier: 50 |
| HbA1C Lab Test | **CPT:** 83036, 83037 |
| HbA1c Level Less than 7 Codes | **CPT-CAT-II:** 3044F |
| HbA1c Level Greater Than/Equal to 7 and Less than 8 | **CPT-CAT-II:** 3051F |
| HbA1c Level Greater Than/Equal to 8 and Less than/equal to 9 | **CPT-CAT-II:** 3052F |
| HbA1C Greater than 9.0 | **CPT:** 83036, 83037<br>**CPT-CAT-II:** 3046F |

CDC Measure Codes (continued)

| Description | Codes* |
|---|---|
| Urine Protein Tests | **CPT:** 81000-81003, 81005, 82042-82044, 84156<br>**CPT-CAT-II:** 3060F, 3061F, 3062F |
| Nephropathy Treatment | **CPT-CAT-II:** 3066F, 4010F |
| Automated Eye Exam | **CPT:** 92229 |
| Diabetic Retinal Screening negative in Prior Year | **CPT-CAT-II:** 3072F |
| Eye Exam with Retinopathy | **CPT-CAT-II:** 2022F, 2024F, 2026F |
| Eye Exam without Retinopathy | **CPT-CAT-II:** 2023F, 2025F, 2033F |

**Codes subject to change*

## Care for Older Adults (COA)

### Applicable only to the Medicare-Medicaid Plan

The COA measure evaluates percentage of adults 66 years and older who had each of the following:

- Advanced care planning
- Medication review
  - Perform an annual medication review of the patient's medications, including prescription medications, over-the-counter medications and herbal or supplemental therapies.
- Functional status assessment
  - This assessment measures the patient's ability to perform daily tasks and helps to identify any functional decline. For Meridian Medicare-Medicaid Plan patients, please indicate in the medical record:
  - Activities of Daily Living (ADL) — Note and date when activities like bathing, dressing, eating, transferring, using toilet and walking were assessed.
  - Instrumental Activities of Daily Living (IADL) — Note and date when activities like shopping, driving or using public transportation, meal preparation, housework, taking medications, and using the telephone were assessed.
  - Standardized functional status assessments — Note results and dates of assessments like the Assessment of Living Skills and Resources (ALSAR), The Barthel Index and The Physical Self-Maintenance Scale, Bayer Activities of Daily Living (B-ADL) Scale, or Extended Activities of Daily Living (EADL) Scale.
- Pain assessment
  - Perform an annual comprehensive pain assessment to screen the patient for the presence of pain and to assess pain intensity.

For Meridian Medicare-Medicaid Plan patients, please indicate in the medical record:

- Documentation of comprehensive pain assessment and the date when it was performed, or
- Documentation of a standardized pain assessment tool and results, or
- Documentation of negative and positive pain.

COA Measure Codes

| Description | Codes* |
|---|---|
| Advanced Care Planning | **CPT**: 99483, 99497<br>**CPT-CAT-II**: 1123F, 1124F, 1157F, 1158F<br>**HCPCS**: S0257<br>**ICD-10**: Z66 |
| Medication Review<br>Would need both CPT-CAT II codes to get credit. 1159F (Medication List) & 1160F (Medication Review) | **CPT**: 90863, 99605, 99606, 99483<br>**CPT-CAT-II**: 1159F, 1160F |
| Functional Status Assessment | **CPT**: 99483<br>**CPT-CAT-II**: 1170F<br>**HCPCS**: G0438, G0439 |
| Pain Assessment | **CPT-CAT-II**: 1125F, 1126F |

**Codes subject to change*

## Colorectal Cancer Screening (COL)

The COL measure evaluates the percentage of patients 50-75 years of age who has had an appropriate screening for colorectal cancer.

COL Measure Codes

| Description | Codes* |
|---|---|
| Colonoscopy | **CPT:** 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398<br>**HCPCS:** G0105, G0121 |
| CT Colonography | **CPT:** 74261-74263<br>**LOINC:** 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3 |
| FIT- DNA Lab Test | **CPT:** 81528<br>**LOINC:** 77353-1, 77354-9 |
| Flexible Sigmoidoscopy | **CPT:** 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350<br>**HCPCS:** G0104 |
| FOBT Lab Test | **CPT:** 82270, 82274<br>**HCPCS:** G0328<br>**LOINC:** 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 |
| Colorectal Cancer | **HCPCS:** G0213, G0214, G0215, G0231<br>**ICD-10:** C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 |
| Palliative Care | **HCPCS:** G9054, M1017<br>**ICD-10:** Z51.5 |
| Total Colectomy | **CPT:** 44150-44153, 44155-44158, 44210-44212 |

**Codes subject to change*

## Cardiac Rehabilitation (CRE)

The CRE measure evaluates percentage of patients 18 years of age and older who attended cardiac rehabilitation following a qualifying cardiac event such as:

- Coronary artery bypass grafting
- Heart or heart/lung transplantation
- Heart valve repair/replacement
- Myocardial infarction
- Percutaneous coronary intervention

It is important patients have the following schedule of cardiac rehabilitation:

**Initiation:** At least 2 sessions through 31 days of the event

**Engagement:**

- At least 12 sessions through 91 days of the event
- At least 24 sessions through 181 days of the event

**Achievement:**

- At least 36 sessions through 181 days of the event
- Encourage patients to have annual testing

CRE Measure Codes

| Description | CPT Category* | HCPCS* |
|---|---|---|
| Cardiac Rehabilitation | 93797, 93798 | G0422, G0423, S9472 |

**Codes subject to change*

## Kidney Health Evaluation for Patients with Diabetes (KED)

The KED measure evaluates the percentage of patients 18–85 years of age with diabetes (Type 1 and Type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR), during the measurement year.

KED Measure Codes

| Description | Codes* |
|---|---|
| **Estimated Glomerular Filtration Rate (eGFR)** | **CPT:** 80047, 80048, 80050, 80053, 80069, 82565<br>**LOINC:** 48642-3, 48643-1, 50044-7, 50210-4, 62238-1, 70969-1 |
| **Urine Albumin-Creatinine Ratio (uACR)** | **CPT:** 82043, 82570 |
| **Palliative Care** | **HCPCS:** G9054, M1017<br>**ICD-10:** Z51.5 |

**Codes subject to change*

## Use of Imaging Studies for Low Back Pain (LBP)

The LBP measure evaluates patients age 18 to 75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Acute low back pain can occur with a wide variety of minor injuries and conditions, is usually benign, and does not require imaging studies such as X-rays, MRIs, or CT scans for diagnosis. While most patients return to their usual activities in a month, a small percentage will need to be further evaluated to rule out more serious health problems.

According to the National Committee for Quality Assurance (NCQA), 75 percent of American adults will experience low back pain at some time in their lives, making it one of the most common reasons patients seek healthcare services.

**Please consider imaging studies for lower back pain only if red flags are present or if there is no improvement after four weeks.**

### Alternative Recommendations

Meridian encourages its providers to refer to the Agency for Healthcare Research and Quality website (www.ahrq.gov) or the Meridian website (www.ilmeridian.com) for standards and guidelines in managing your patients' acute lower back pain. Other treatment alternatives for patients with low risk of serious pathology are:

- **Reassurance** – 90 percent of episodes resolve within six weeks
- **Therapy** – stay active within limits of pain, practice back safety, use ice and stretch
- **Referral** – before considering surgery, refer to other specialists
- **Medication strategies** – consider side-effect profiles and avoid opiates as the first line of treatment
- **Testing** – diagnostic testing or imaging is usually not required for low-risk patients

*Source: www.ncqa.org*

## Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

The PBH measure demonstrates the percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Beta-Blocker Medications

| Description | Prescription | | |
|---|---|---|---|
| Noncardioselective beta-blockers | • Carvedilol<br>• Pindolol<br>• Sotalol | • Labetalol<br>• Propranolol | • Nadolol<br>• Timolol |
| Cardioselective beta-blockers | • Acebutolol<br>• Atenolol | • Betaxolol<br>• Bisoprolol | • Metoprolol<br>• Nebivolol |
| Antihypertensive combinations | • Atenolol-chlorthalidone<br>• Bendroflumethiazide-nadolol<br>• Bisoprolol-hydrochlorothiazide<br>• Hydrochlorothiazide-metoprolol<br>• Hydrochlorothiazide-propranolol | | |

## Pharmacotherapy Management of COPD Exacerbation (PCE)

The PCE measure evaluates percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1-November 30 and were dispensed appropriate medications.

Two rates are reported:

- Dispensed a systemic **corticosteroid** (or there was evidence of an active prescription) **within 14 days of the event**
- Dispensed a **bronchodilator** (or there was evidence of an active prescription) within **30 days of the event**

Systemic Corticosteroid Medications

| Description | Prescription | |
|---|---|---|
| Glucocorticoids | • Cortisone-acetate<br>• Dexamethasone<br>• Prednisolone | • Hydrocortisone<br>• Methylprednisolone<br>• Prednisone |

Bronchodilator Medications

| Description | Prescription | |
|---|---|---|
| Anticholinergic agents | • Aclidinium-bromide<br>• Ipratropium | • Tiotropium<br>• Umeclidinium |
| Beta 2-agonists | • Albuterol<br>• Arformoterol<br>• Formoterol<br>• Indacaterol | • Levalbuterol<br>• Metaproterenol<br>• Salmeterol |
| Bronchodilator combinations | • Albuterol-ipratropium<br>• Formoterol-aclidinium<br>• Budesonide-formoterol<br>• Formoterol-glycopyrrolate<br>• Formoterol-mometasone<br>• Fluticasone furoate - umeclidinium-vilarterol<br>• Fluticasone-salmeterol<br>• Fluticasone-vilanterol<br>• Indacaterol-glycopyrrolate<br>• Olodaterol hydrochloride<br>• Olodaterol-tiotropium<br>• Umeclidinium-Vilanterol | |

## Plan All Cause Readmissions (PCR)

The PCR measure evaluates patients 18 years of age and older who had an acute inpatient and observation stay that was followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

If your patient was admitted to the hospital, be sure to schedule a follow-up visit within seven days of discharge. PCPs help play a critical role ensuring patients have a safe transition and get the care they need in an outpatient setting. To make a safe transition, it is important to have a process when deciding what a patient needs. The healthcare provider can follow this process by creating a discharge plan.

What Providers Can Do:

- See the patient within seven days of discharge
- Educate the patient and family about the diagnosis and care plan
- Review medication list
- Establish care goals with the patient
- Identify barriers for the patient and address his or her concerns

How Meridian Can Help:

- Meridian will notify PCPs during the Transition of Care (TOC) process
- A TOC letter is faxed to the PCP within 24 hours of discharge
- Meridian's Interdisciplinary Care Team (ICT) reviews individual care plans
- Educate patients on appropriate emergency department utilization

## Adherence to Antipsychotic Medications for People with Schizophrenia (SAA)

The SAA measure evaluates patients 18 years of age and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

SAA Measure Codes

| Description | ICD-10* | Description | HCPCS* |
|---|---|---|---|
| Schizophrenia | F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 | Long-Acting Injections 14-Day Supply | J2794 |
| | | Long-Acting Injections 28-Day Supply | J0401, J1631, J2358, J2426, J2680 |

**Codes subject to change*

## Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

The SMD measure evaluates the percentage of patients 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test.

SMD Measure Codes

| Description | Codes* |
|---|---|
| HbA1C Lab Tests | **CPT:** 83036, 83037<br>**CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F |
| LDL-C Lab Tests | **CPT:** 80061, 83700, 83701, 83704, 83721<br>**CPT-CAT-II:** 3048F, 3049F, 3050F |

**Codes subject to change*

## Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

The SPR measure evaluates the percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm diagnosis.

SPR Measure Codes

| CPT* |
|---|
| 94010, 94014-94016, 94060, 94070, 94375, 94620 |

**Codes subject to change*

## Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

The SSD measure evaluates percentage of patients 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test.

SSD Measure Codes

| Description | Codes* |
|---|---|
| HbA1C Lab Tests | **CPT:** 83036, 83037<br>**CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F |
| Glucose Lab Tests | **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 |

**Codes subject to change*

## Transitions of Care (TRC)

### Applicable only to the Medicare-Medicaid Plan

The TRC measure evaluates the percentage of discharges for patients 18 years of age and older who had each of the following:

- Notification of Inpatient Admission
- Receipt of Discharge Information
- Patient Engagement After Inpatient Discharge
- Medication Reconciliation Post-Discharge

Remember to:

- Document receipt of notification of inpatient admission on the day of admission through two days after admission
- Record receipt of notification of discharge on the day of discharge through two days after discharge
- Document patient engagement within 30 days after discharge (e.g. office visits, visits to the home, telehealth)
- Document medication reconciliation on the date of discharge through 30 days after discharge

# Women's Health

## Breast Cancer Screening (BCS)

The BCS measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

BCS Measure Codes

| Description | Codes* |
|---|---|
| Mammogram | **CPT:** 77061-77063, 77065-77067<br>**HCPCS:** G0202, G0204, G0206<br>**ICD-10 (bilateral mastectomy):** Z90.13 |
| Palliative Care | **HCPCS:** G9054, M1017<br>**ICD-10:** Z51.5 |

**Codes subject to change*

### Important reminders about breast self-checks:

- All patients should take part in breast self-awareness. If your patients notice any changes in their breasts, such as a new lump or discharge from their nipple, they will know to call their provider
- During each well-visit, women (especially between the ages of 50-74) should address any concerns with their provider
- A breast self-exam (BSE) is a way for patients to examine breasts on a regular basis to look for any changes. A BSE can be done once a month, or occasionally
- Men who are at a high risk for breast cancer (such as those who have a BRCA mutation) should start doing BSEs at age 35
  - The American Cancer Society (ACS) recommends that women at high risk should get a mammogram and breast MRI every year starting at age 30
- It's important to let patients know not to panic if they see or feel a change in their breast. Most breast changes aren't caused by cancer

*Sources: https://www.mskcc.org/cancer-care/patient-education/breast-self-awareness-breast-self-exam, https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/pdf/screening_ct_guidelinesF.pdf*

## Cervical Cancer Screening (CCS)

The CCS measure demonstrates the percentage of women 21-64 years of age who were screened for cervical cancer using **either** of the following criteria:

- Women 21-64 years of age who had cervical cytology performed within last 3 years.
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30-64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years.

CCS Measure Codes

| Description | Codes* |
|---|---|
| Cervical Cytology Lab Test (20-64) | **CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175<br>**HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091<br>**LOINC**: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5, 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0 |
| HPV Tests (30-64) | **CPT:** 87624, 87625<br>**HCPCS:** G0476 |
| Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis | **CPT:** 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 59856, 59135<br>**ICD-10:** Q51.5, Z90.710, Z90.712 |
| Palliative Care | **HCPCS:** G9054, M1017<br>**ICD-10:** Z51.5 |

**Codes subject to change*

## Chlamydia screening in Women (CHL)

The CHL measure evaluates the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia.

Providers should order an annual chlamydia screening for every sexually active male and female patient between the ages of 15 (turn age 16 by December 31 of the measurement year) and 24 who present in the office for or with any of the following:

- Any time a urine screening is performed
- Prior history of a sexually transmitted infection
- Pregnancy testing
- Contraception services
- Annual gynecological exam
- Prior history of sexual abuse or assault

Upon recognizing that a patient is at risk, the provider should offer STI prevention counseling and make a note in the chart to routinely test for chlamydia and other STIs.

Meridian covers all types of chlamydia screenings. This includes traditional methods, as well as urine screening (bill with CPT code 87110) for men and women. The advantage to urine screening is that it is simple, quick and has a higher accuracy rate than other methods.

### CHL Measure Codes

| CPT* |
| --- |
| 87110 (Urinalysis Screening), 87270, 87320, 87490-87492, 87810 |

**Codes subject to change*

### Follow-up

Except in pregnant women, test of cure (i.e., repeat testing 3-4 weeks after completing therapy) is not advised for persons treated with the recommended or alternative regimens, unless therapeutic compliance is in question, symptoms persist, or reinfection is suspected.

### Management of sex partners

Patients should be instructed to refer their sex partners for evaluation, testing, and treatment if they had sexual contact with the patient during the 60 days preceding onset of the patient's symptoms or chlamydia diagnosis.

## Osteoporosis Management in Women Who Had a Fracture (OMW)

### Applicable only to the Medicare-Medicaid Plan

The OMW measure evaluates the percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

OMW Measure Codes

| Description | Codes* |
|---|---|
| Palliative Care | **HCPCS:** G9054, M1017<br>**ICD-10:** Z51.5 |
| Bone Mineral Density Tests | **CPT:** 76977, 77078, 77080, 77081, 77085, 77086 |
| Osteoporosis Medications | **HCPCS:** J0897, J1740, J3110, J3111, J3489 |
| Long-Acting Osteoporosis Medications during Inpatient Stay | **HCPCS:** J0897, J1740, J3489 |

**Codes subject to change*

Osteoporosis Medications

| Description | Prescription |
|---|---|
| Bisphosphonates | • Alendronate<br>• Alendronate-cholecalciferol<br>• Ibandronate<br>• Risedronate<br>• Zoledronic acid |
| Other agents | • Abaloparatide<br>• Denosumab<br>• Raloxifene<br>• Romosozumab<br>• Teriparatide |

## Osteoporosis Screening in Older Women (OSW)

### Applicable only to the Medicare-Medicaid Plan

The OSW measure evaluates the percentage of women 65–75 years of age who received osteoporosis screening.

OSW Measure Codes

| Description | Codes* |
|---|---|
| Osteoporosis Screening Tests | **CPT:** 76977, 77078, 77080, 77081, 77085 |
| Palliative Care | **HCPCS:** G9054, M1017<br>**ICD-10:** Z51.5 |

**Codes subject to change*

## Prenatal and Postpartum Care (PPC)

The PPC measure evaluates percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

**Timeliness of Prenatal Care:** percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization

**Postpartum Care:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

PPC Measure Codes

| Description | Codes* |
|---|---|
| Online Assessments | **CPT:** 98969-98972, 99421-99423, 99444, 99457<br>**HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 |
| **Prenatal Visits** (Visit must be performed in the first trimester (13 weeks), on or before the enrollment start date, or within 42 days of enrollment if already pregnant at the time of enrollment with Meridian) | **CPT:** 0500F, 0501F, 0502F, 59400, 59425, 59426, 59510, 59610, 59618, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483, 99500<br>**HCPCS:** H1000-H1005 |
| Stand-Alone Prenatal Visits | **CPT:** 99500<br>**CPT-CAT-II:** 0500F, 0501F, 0502F<br>**HCPCS:** H1000, H1001, H1002, H1003, H1004 |
| Cervical Cytology Lab Test | **CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175<br>**HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 |
| **Postpartum Visits** (must be on or between 7 days and 84 days after delivery) | **CPT:** 57170, 58300, 59430, 99501<br>**CPT-CAT-II:** 0503F<br>**HCPCS:** G0101<br>**ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 |
| Telephone Visits | **CPT:** 98966-98968, 99441-99443 |

**Codes subject to change*

*NOTE: When using the Online Assessment, Telephone Visit, or Prenatal Visit codes, remember to also include a Pregnancy Diagnosis code.*

# Pediatric Health

## Follow-Up Care for Children Prescribed ADHD Medication (ADD)

The ADD measure evaluates percentage of children newly prescribed attention deficit hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

In most cases, ADHD is best treated with a combination of medication and behavioral therapy. Meridian monitors provider performance in the initiation and continuation phases of ADHD treatment.

Two rates are reported:

- **Initiation Phase:** percentage of patients 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase
- **Continuation and Maintenance (C&M) Phase:** percentage of patients 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase

ADD Measure Codes

| Description | Codes* |
|---|---|
| An Outpatient Visit | CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 |
| BH Outpatient Visit | CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483<br>HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 |
| Observation Visit | CPT: 99217-99220 |
| Health and Behavior Assessment/Intervention | CPT: 96150-96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 |
| Visit Setting Unspecified Value Set with Partial Hospitalization POS | CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>POS: 52 |
| Partial Hospitalization/ Intensive Outpatient | HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 |
| Telehealth Visit | CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>POS: 02 |
| Telephone Visits | CPT: 98966-98968, 99441-99443 |
| E-visit/Virtual Check-In | CPT: 98969-98972, 99421-99423, 99444, 99457<br>HCPCS: G2010, G2012, G2061, G2062, G2063 |
| Visit Setting Unspecified Value Set with Community Mental Health Center POS | CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>POS: 53 |

**Codes subject to change*

ADHD Medications

| CNS Stimulants | |
|---|---|
| • Dexmethylphenidate<br>• Dextroamphetamine<br>• Lisdexamfetamine | • Methamphetamine<br>• Methylphenidate |
| **Alpha-2 Receptor Agonists:** | |
| • Clonidine | • Guanfacine |
| **Misc. ADHD Medication:** | |
| • Atomoxetine | |

## Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The APM measure demonstrates the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates reported:

1) Percentage of children and adolescents on antipsychotics who received blood glucose testing
2) Percentage of children and adolescents on antipsychotics who received cholesterol testing
3) Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

APM Measure Codes

| Description (Need either A1c or Glucose and LCL-C or Cholesterol) | Codes* |
|---|---|
| HbA1C Lab Tests | ICD-10: 83036, 83037<br>CPT-CAT-II: 3044F, 3046F, 3051F-30502F |
| Glucose Lab Tests | ICD-10: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 |
| LDL-C Lab Tests | ICD-10: 80061, 83700, 83701, 83704, 83721<br>CPT-CAT-II: 3084F-3050F |
| Cholesterol Lab Tests | ICD-10: 82465, 83718, 83722, 84478 |

**Codes subject to change*

Antipsychotic medications can increase a child's risk for developing serious metabolic complications that are associated with poor cardiometabolic outcomes in adulthood.

APM Measure Codes

| Description | ICD-10* |
|---|---|
| Bipolar disorders | F30.10-F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78 |
| Schizophrenia | F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 |
| Other psychotic disorders | F22, F23, F24, F28, F29, F32.3, F33.3, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F95.0, F95.1, F95.2, F95.8, F95.9 |

**Codes subject to change*

APM Measure Codes (continued)

| Description | CPT* | HCPCS* |
|---|---|---|
| Psychosocial Care | 90832, 90833, 90834, 90836-90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 | G0176, G0177, G0409, G0410, G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485 |

**Codes subject to change*

## Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

The APP measure evaluates patients one to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first line treatment.

Psychosocial care is a safer alternative for children and adolescents because they are at a higher risk for the long term effects of antipsychotics.

Antipsychotic Medications

| Miscellaneous Antipsychotic Agents | | |
|---|---|---|
| • Aripiprazone | • Iloperidone | • Pimozide |
| • Asenapine | • Loxapine | • Quetiapine |
| • Brexpiprazole | • Lurisadone | • Risperidone |
| • Cariprazine | • Molindone | • Ziprasidone |
| • Clozapine | • Olanzapine | |
| • Haloperidol | • Paliperidon | |
| **Phenothiazine Antipsychotics** | | |
| • Chlorpromazine | • Perphenazine | • Trifluoperazine |
| • Fluphenazine | • Thioridazine | |
| **Thioxanthenes** | | |
| • Thiothixene | | |
| **Prochlorperazine Medications** | | |
| • Prochlorperazine | | |
| **Long-Acting Injections** | | |
| • Arirprazole | • Haloperidol decanoate | • Paliperidone palmitate |
| • Fluphenazine decanotate | • Olanzapine | • Risperidone |
| **Antipsychotic Combination Medications** | | |
| • Fluoxetine-olanzapine | | |
| • Perphenazine-amitriptyline | | |

APP Measure Codes

| Description | ICD-10* |
|---|---|
| Bipolar disorders | F30.10-F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9 |
| Schizophrenia | F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 |
| Other psychotic disorders | F22, F23, F24, F28, F29, F32.3, F33.3, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F95.0, F95.1, F95.2, F95.8, F95.9 |

| Description | CPT* | HCPCS* |
|---|---|---|
| Psychosocial Care | 90832, 90833, 90834, 90836-90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 | G0176, G0177, G0409, G0410, G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485 |

**Codes subject to change*

## Childhood Immunization Status (CIS)

The CIS measure demonstrates the percentage of children 2 years of age who completed immunizations on or before child's second birthday.

CIS Measure Codes

| Description | Codes* |
|---|---|
| DTaP (4 dose) | **CPT:** 90698, 90700, 90723<br>**CVX:** 20, 50, 106, 107, 110, 120 |
| HIB (3 dose) | **CPT:** 90644, 90647, 90648, 90698, 90748<br>**CVX:** 17, 46, 47, 48, 49, 50, 51, 120, 148 |
| Newborn Hep B (3 dose) | **CPT:** 90723, 90740, 90744, 90747, 90748<br>**CVX:** 08, 44, 45, 51, 110<br>**HCPCS:** G0010<br>**ICD-10-CM:** B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1 |
| IPV (3 dose) | **CPT:** 90698, 90713, 90723<br>**CVX:** 10, 89, 110, 120 |
| MMR (1 dose) | **CPT:** 90704, 90710<br>**CVX:** 05, 03, 94, 04, 07, 06<br>**ICD-10:** B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82. B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 |
| Pneumococcal Conjugate PCV (4 dose) | **CPT:** 90670<br>**CVX:** 133, 152<br>**HCPCS:** G0009 |
| Varicella VZV (1 dose) | **CPT:** 90710, 90716<br>**CVX:** 21, 94<br>**ICD-10:** B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9 |
| Hep A (1 dose) | **CPT:** 90633<br>**CVX:** 31, 83, 85<br>**ICD-10:** B15.0, B15.9 |
| Influenza Flu (2 dose)<br>LAIV vaccination must be administered on the child's 2nd birthday | **CPT:** 90655, 90657, 90660, 90661, 90672, 90673, 90685-90689<br>**CVX:** 88, 140, 141, 150, 153, 155, 158, 161, 111, 149<br>**HCPCS:** G0008 |
| Rotavirus (2 Dose) | **CPT:** 90681<br>**CVX:** 119 |
| Rotavirus (3 Dose) | **CPT:** 90680<br>**CVX:** 116, 122 |

**Codes subject to change*
*NOTE: Rotavirus is either 2 dose* **OR** *3 dose for compliancy*

## Immunizations for Adolescents (IMA)

The IMA measure evaluates percentage of adolescents 13 years of age who completed immunizations on or before member's 13th birthday.

IMA Measure Codes

| Description | Codes* |
|---|---|
| Meningococcal-serogroup A,C,W, and Y: (1 dose) | CPT: 90619, 90734<br>CVX: 108, 114, 136, 147, 167, 203 |
| Tdap (1 dose) | CPT: 90715<br>CVX: 115 |
| HPV (2 or 3 dose series) | CPT: 90649-90651<br>CVX: 62, 118, 137, 165 |

**Codes subject to change*

## Lead Screening in Children (LSC)

The LSC measure evaluates percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

LSC Measure Codes

| CPT* | LOINC* |
|---|---|
| 83655 | 5671-3, 5674-7, 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 77307-7 |

**Codes subject to change*

In order to ensure that children receive appropriate public health follow-up services, physicians and other health providers have an obligation to report blood lead results greater than or equal to 10mg/dL within 48 hours to the Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Reporting System. Providers using the IDPH laboratory are not required to report blood lead results.

Illinois Department of Public Health
Illinois Lead Program
535 W. Jefferson Street
Springfield, IL 62761
P: 217-782-3517
www.idph.state.il.us

The Illinois Department of Healthcare and Family Services (HFS) encourages providers to send all blood lead specimens to the IDPH laboratory for analysis. Providers who utilize the state laboratory for blood lead analysis can order supplies for blood lead specimen collection free of charge by calling the IDPH Laboratory Shipping Section at 217-524-6222, or by downloading the Clinical Supplies Requisition Form from the HFS website: https://www.dph.illinois.gov/.

## Well-Child and Adolescent Well-Care Visits (W30/WCV)

The W30/WCV measure evaluates the percentage of patients within designated ages who had comprehensive well-care visit(s) as defined in each measure, with a PCP or an OB/GYN practitioner during the measurement year.

### Well-Child Vists in the First 30 Months of Life (W30)

Months of Life: The percentage of patients who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

W30 Measure Codes

| CPT* | HCPCS* | ICD-10* |
|---|---|---|
| 99381, 99382, 99391, 99392, 99461 | G0438, G0439, S0302 | Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2 |

**Codes subject to change*

**(WCV) Child and Adolescent Well-Care Visits:** Patients 3-21 years of age who had a least one comprehensive well-care visit with a PCP or an OB/GYN

WCV Measure Codes

| CPT* | HCPCS* | ICD-10* |
|---|---|---|
| 99382-99385, 99391-99395 | G0438, G0439, S0302 | Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2 |

**Codes subject to change*

## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

The WCC measure demonstrates the percentage of patients 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:

- BMI Percentile
- Counseling for Nutrition
- Counseling for physical activity

WCC Measure Codes

| Description | Codes* |
|---|---|
| BMI Percentile | **ICD-10**: Z68.51, Z68.52, Z68.53, Z68.54 |
| Nutrition Counseling | **CPT**: 97802-97804<br>**HCPCS**: G0270, G0271, G0447, S9449, S9452, S9470<br>**ICD-10**: Z71.3 |
| Physical Activity | **HCPCS**: G0447, S9451<br>**ICD-10**: Z02.5, Z71.82 |

**Codes subject to change*

# General Health

## Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

The AAB measure evaluates patients ages 3 months & older that have a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

Acute bronchitis is almost always caused by a virus. As viral infections do not warrant the need for antibiotics, antibiotics are rarely needed for treatment of acute bronchitis. Misuse and overuse of antibiotics contribute to antibiotic drug resistance. Antibiotics may be warranted in instances where a patient has multiple diagnoses.

If your patient has a cough lasting more than three weeks, there are important core management steps to take.

Assess your Patient

- Perform a thorough exam for all patients three months of age and older, including the patient's history and smoking status and/or secondhand smoke exposure
- Consider other diagnoses if cough persists more than three weeks
- Assess patient for a common cold, reflux esophagitis, acute asthma, or exacerbation of COPD

Treating Uncomplicated Acute Bronchitis

- Avoid prescribing antibiotics
- Treat presented symptoms only
- Prescribe antitussive agents for short-term relief of coughing

### Educate and Counsel

- Recommend rest and increasing the patient's oral fluid intake
- Suggest smoking cessation and avoiding second-hand smoke
- Inform your patient that the cough may last more than three weeks

### Alternative Recommendations

Secondary co-morbid diagnoses warranting an antibiotic could include:

### AAB Measure Codes

| Description | ICD-10-CM Diagnosis Codes* |
|---|---|
| Chronic obstructive pulmonary disease | J44.0, J44.1, J44.9, J47.0, J47.1, J47.9 |
| Emphysema | J43.0-J43.2, J43.8, J43.9 |
| Chronic bronchitis | J41.0, J41.1, J41.8, J42 |

**Codes subject to change*

Meridian encourages its providers to refer to the Agency for Healthcare Research and Quality website (www.ahrq.gov) or the Meridian website (www.ilmeridian.com) for standards and guidelines in managing your patients' acute bronchitis.

## Annual Dental Visit (ADV)

The ADV measure evaluates patients two to 20 years of age who had an annual dental visit.

Meridian Medicaid (former HCI) and Meridian Medicare-Medicaid (former MMP) partner with Envolve Dental to administer dental benefits for patients. Envolve Dental can be reached at **844-289-2264**.

Primary Care Providers (PCPs) can receive training to administer oral health screenings and fluoride varnish and sealants by completing the Children's Oral Health Smiles for Life Course 6: Caries Risk Assessment, Fluoride Varnish, and Counseling training module. By completing this course, PCPs can help prevent their patients from developing serious health conditions

The training module can be found at www.smilesforlifeoralhealth.org.

## Asthma Medication Ratio (AMR)

The AMR measure evaluates the percentage of patients 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater.

Step 1: For each member, count the units of asthma controller medications (Asthma Controller Medications List) dispensed during the measurement year.

Step 2: For each member, count the units of asthma reliever medications (Asthma Reliever Medications List) dispensed during the measurement year.

- For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications
- For each member, calculate ratio using the below:
  - Units of Controller Medications/Units of Total Asthma Medications

Asthma Controller Medications

| Description | Prescriptions | Medication Lists | Route |
|---|---|---|---|
| Antiasthmatic combinations | • Dyphylline-guaifenesin | Dyphylline Guaifenesin Medications List | Oral |
| Antibody inhibitors | • Omalizumab | Omalizumab Medications List | Injection |
| Anti-interleukin-4 | • Dupilumab | Dupilumab Medications List | Injection |
| Anti-interleukin-5 | • Benralizumab | Benralizumab Medications List | Injection |
| Anti-interleukin-5 | • Mepolizumab | Mepolizumab Medications List | Injection |
| Anti-interleukin-5 | • Reslizumab | Reslizumab Medications List | Injection |
| Inhaled steroid combinations | • Budesonide-formoterol | Budesonide Formoterol Medications List | Inhalation |
| Inhaled steroid combinations | • Fluticasone-salmeterol | Fluticasone Salmeterol Medications List | Inhalation |
| Inhaled steroid combinations | • Fluticasone-vilanterol | Fluticasone Vilanterol Medications List | Inhalation |
| Inhaled steroid combinations | • Formoterol-mometasone | Formoterol Mometasone Medications List | Inhalation |

Asthma Controller Medications (continued)

| Description | Prescriptions | Medication Lists | Route |
|---|---|---|---|
| Inhaled corticosteroids | • Beclomethasone | Beclomethasone Medications List | Inhalation |
| Inhaled corticosteroids | • Budesonide | Budesonide Medications List | Inhalation |
| Inhaled corticosteroids | • Ciclesonide | Ciclesonide Medications List | Inhalation |
| Inhaled corticosteroids | • Flunisolide | Flunisolide Medications List | Inhalation |
| Inhaled corticosteroids | • Fluticasone | Fluticasone Medications List | Inhalation |
| Inhaled corticosteroids | • Mometasone | Mometasone Medications List | Inhalation |
| Leukotriene modifiers | • Montelukast | Montelukast Medications List | Oral |
| Leukotriene modifiers | • Zafirlukast | Zafirlukast Medications List | Oral |
| Leukotriene modifiers | • Zileuton | Zileuton Medications List | Oral |
| Methylxanthines | • Theophylline | Theophylline Medications List | Oral |

Asthma Reliever Medications

| Description | Prescriptions | Medication Lists | Route |
|---|---|---|---|
| Short-acting, inhaled beta-2 agonists | Albuterol | Albuterol Medications List | Inhalation |
| Short-acting, inhaled beta-2 agonists | Levalbuterol | Levalbuterol Medications List | Inhalation |

## Appropriate Testing for Pharyngitis (CWP)

The CWP measure demonstrates the percentage of episodes for patients 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

CWP Measure Codes

| CPT* |
|---|
| 87070, 87071, 87081, 87430, 87650-87652, 87880 |

**Codes subject to change*

| Description | ICD-10-CM Diagnosis* |
|---|---|
| Acute pharyngitis | J02.9 |
| Acute tonsillitis | J03.90 |
| Streptococcal sore throat | J02.0 |

**Codes subject to change*

Group A Strep Test Codes:

| CPT* | LOINC* |
|---|---|
| 87070, 87071, 87081, 87430, 87650-87652, 87880 | 11268-0, 17656-0, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2, 17898-8 |

**Codes subject to change*

## Follow-Up After Emergency Department Substance Use (FUA)

The FUA measure evaluates patients 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD after an emergency department (ED) visit.

FUA measures two rates:

- The percentage of ED visits where patients received follow-up within 30 days of the visit (31 total days)
- The percentage of ED visits where patients received follow-up within 7 days of the visit (8 total days)

### 7 & 30 day follow-up codes

| CPT Codes* | Telephone Visits* | Online Assessments* | HCPCS Codes* | POS Codes* |
|---|---|---|---|---|
| 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960-98962, 99078, 99202-99205, 99211-99215, 99217-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510 | 98966-98968, 99441-99443 | 98969-98972, 99421-99423, 99444, 99457, G0071 | G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, G2010, G2012, G2061-G2063, G2067-G2077, G2080, G2086, G2087, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 | 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72 |

**Codes subject to change*

## Follow-Up After Hospitalization for Mental Illness (FUH)

The FUH measure evaluates percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.

Two rates are reported:

- Discharges for which the member received **follow-up within 7 days after discharge**
- Discharges for which the member received **follow-up within 30 days after discharge**

FUH Measure Codes

| Description | Codes* |
|---|---|
| Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Provider | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>**POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 |
| BH Outpatient Visit with Mental Health Provider | **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483<br>**HCPCS:** G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 |
| Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Provider | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>**POS:** 52 |
| Partial Hospitalization/ Intensive Outpatient | **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 |
| Visit Setting Unspecified Value Set with Community Mental Health Center POS | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>**POS:** 53 |

FUH Measure Codes (continued)

| Description | Codes* |
|---|---|
| Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS | CPT: 90870<br>Ambulatory POS: 24<br>Comm. POS: 53<br>Partial Hosp. POS: 52<br>Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 |
| Telehealth Visit | CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>POS: 02 |
| Observation | CPT: 99217-99220 |
| Transitional Care Management | CPT: 99495, 99496 |
| Telephone Visit | CPT: 98966-98968, 99441-99443 |

**Codes subject to change*

## Follow-Up After Emergency Department Visit for Mental Illness (FUM)

The FUM measure evaluates patients six years of age and older with a principal diagnosis of mental illness or self-harm who had a follow-up visit for mental illness after an emergency department (ED) visit.

FUM measures two rates:

- The percentage of ED visits where patients received follow-up within 7 days of the visit (8 total days)
- The percentage of ED visits where patients received follow-up within 30 days of the visit (31 total days)

### 7 & 30 day follow-up codes

| CPT Codes* | Telephone Visits* | Online Assessments* | HCPCS Codes* | POS Codes* |
|---|---|---|---|---|
| 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90870, 90875, 90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99441-99443, 99483, 99510 | 98966-98968, 99441-99443 | 98969-98972, 99421-99423, 99444, 99457, G0071 | G0155, G0176-G0177, G2010, G2012, G2061-G2063, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485, T1015 | 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72 |

**Codes subject to change*

## Influenza

The FVA/FVO measure evaluates patients 18 to 64 years of age & patients 65 years of age and older who had a flu vaccine annually.

The CIS measure evaluates children who receive two flu vaccines before the child's second birthday.

An annual flu vaccine is recommended during the flu season to reduce the risk of contracting influenza and spreading it to others

- The flu virus constantly changes, causing the vaccine to be less effective
- The vaccine is designed to protect against the most common strains of the virus
- The Centers for Disease Control and Prevention (CDC) recommends the use of injectable vaccines and nasal spray. Nasal spray is recommended for use in healthy, non-pregnant individuals, ages two to 49 years

## Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

The IET measure evaluates percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- Initiation of AOD Treatment: percentage of patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis
- Engagement of AOD Treatment: percentage of patients who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit

IET Measure Codes

| Description | Codes* |
|---|---|
| Initiation and Engagement/ Treatment | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231, 99233, 99238, 99239, 99241-99245, 99341-99345, 99347-99350, 99251-99255, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510,<br>**HCPS:** G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015<br>**POS:** 02, 03, 05, 07, 09, 11-20, 22, 33, 49- 50, 52-53, 57, 58, 71-72 |
| Telephone Visits | **CPT:** 98966-98968, 99441-99443 |
| E-visit/Virtual Check-In | **CPT:** 98969-98972, 99421-99423, 99444, 99457<br>**HCPCS:** G0071 G2010, G2012, G2061-G2063 |

**Codes subject to change*

*For the follow-up treatments, include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation, and management consultation or counseling service.*

* *Codes listed are subject to change, Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes.*